

AMENDMENT TRANSMITTAL LETTER				Docket No. 0171-1273PUS1																																																		
Application No. 10/579,731-Conf. #8869		Filing Date May 17, 2006		Examiner M. A. Audet																																																		
Art Unit 1654																																																						
Applicant(s): Kazumichi UOTANI et al.																																																						
Invention: Sialogogue, oral composition and food product containing the same																																																						
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="7" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">9</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">3</td> <td style="text-align: center;">- 4 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td colspan="2"></td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity </p> <p> <input checked="" type="checkbox"/> No additional fee is required for this amendment. </p> <p> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. </p> <p> <input checked="" type="checkbox"/> Credit any overpayment. </p> <p> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;"> <p>Gerald M. Murphy, Jr. Attorney Reg. No.: 28,977</p> </div> <div style="width: 35%; text-align: right;"> Dated: <u>March 26, 2010</u> </div> </div> <div style="margin-top: 20px;"> <p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</p> </div>						CLAIMS AS AMENDED								Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			Total Claims	9	- 20 =	0	x 52.00	0.00		Independent Claims	3	- 4 =	0	x 220.00	0.00		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>							Other fee (please specify):							TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00	
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